Disclosure Report C	OVAP				Amendment	
Use this form for general repor		nformation, must	be signed and sub	nitted alor	Yes No	ns.
Do not use this form to update						
1. Committee Information						
a. Full Name					c. ID Number	
Comr		1CEK3I				
b. Mailing Address (include City, St	ate and Zip Code)				d. Date Filed	
P.O. Box 27185					9/3/2019	
Fayetteville, NC 28314	ŀ				e. Phone Number	
2. Report Year 3. Period Sta	rt Date (mm/dd/vv)	4. Period End	Date (mm/dd/yy) 5	Treasur	er Full Name	54.6
	18/2019	09/03				
				wa of war	aut fram and action and	DESIGNATION OF THE PARTY OF THE
6. Type of Committee (Check X Candidate Campaign P		nicipal	State/County	pe oj repo	Referendum	
	teferendum	Organizational	Organization	nal	Organizational	
	oint Fundraiser	Name and the same of the same	Quarterly		Pre-referendum	
Legal Expense Fund		Pre-primary	First		Final	
		Pre-election	X Second		Supplemental Final	
7. Type of Fund (if applicab	le, check one)	Pre-runoff	Third		Annual	
Booster Fund		Semi-annual	Fourth		Special Special	
Building Fund		Mid Year	Semi-annua			
Other:	l-	Year End	Mid Ye		10. Special Report Nan	ne
8. Number of Fundraisers th	is Report	Final Special	Year E	na		
or ryumper of rundrasers (ii	is report	орсски	Special			
11. Account Information		11.	Account Informa	tion		
a. Financial Institution Full Name		a. Fi	nancial Institution F	ıll Name		
Capita	al Bank		1	To the		
b. Purpose	c. Account Code	b. P	urpose		c. Account Code	
				111 ///		
	1			111/11		
		-			000	
g	d. Period Begin B	alance			Seriod Begin Bakince	
	d. Period Begin B	alance			Seriod Begin Bellince	<u> </u>
CERTIFICATION	A THE STATE OF THE	alance				U)
	\$		e provisions of Arti	ele 22A, 22	\$	63
I certify that the Committee or I of the NC General Statutes and	\$ Fund is in compliance that no funds are con-	e with all applicabl	nibited or other non-	disclosed f	\$ B & 22D-22M of Chapter 10	
I certify that the Committee or I	\$ Fund is in compliance that no funds are con-	e with all applicabl	nibited or other non-	disclosed f	\$ B & 22D-22M of Chapter 10	
I certify that the Committee or I of the NC General Statutes and	\$ Fund is in compliance that no funds are con-	e with all applicabl	nibited or other non-	disclosed f	\$ B & 22D-22M of Chapter 10	
I certify that the Committee or I of the NC General Statutes and report is complete, true and com	Fund is in compliance that no funds are correct and that I have the	ee with all applicabl mmingled with prol peen trained by the	nibited or other non- NC State Board of E	disclosed for the clections.	\$ B & 22D-22M of Chapter 16 unds. I further certify that the	
I certify that the Committee or I of the NC General Statutes and report is complete, true and complete	Fund is in compliance that no funds are correct and that I have the	ee with all applicabl mmingled with prol peen trained by the	nibited or other non-	disclosed for the clections.	\$ B & 22D-22M of Chapter 10	
I certify that the Committee or I of the NC General Statutes and report is complete, true and complete, true and complete of S FOR OFFICE USE ONLY	Fund is in compliance that no funds are contract and that I have beigner	ee with all applicabl mmingled with prol peen trained by the	nibited or other non- NC State Board of E	disclosed f elections.	\$ B & 22D-22M of Chapter 10 unds. I further certify that the page 20 Date	
I certify that the Committee or I of the NC General Statutes and report is complete, true and complete, true and complete of S FOR OFFICE USE ONLY	Fund is in compliance that no funds are correct and that I have the	ee with all applicabl mmingled with prol peen trained by the	nibited or other non- NC State Board of E	disclosed f elections.	\$ B & 22D-22M of Chapter 10 unds. I further certify that the second divergence of the second div	
I certify that the Committee or I of the NC General Statutes and report is complete, true and comprise of Section 1997. Printed Name of Section 1997. Date Received;	Fund is in compliance that no funds are contract and that I have beigner	ee with all applicable miningled with prolem trained by the Signature	nibited or other non- NC State Board of E	disclosed f elections.	\$ B & 22D-22M of Chapter 10 unds. I further certify that the second seco	
I certify that the Committee or I of the NC General Statutes and report is complete, true and comprise of Section 1. Printed Name	Fund is in compliance that no funds are contract and that I have beigner	ce with all applicabl mmingled with prol peen trained by the Signatur	nibited or other non- NC State Board of E	disclosed f elections.	\$ B & 22D-22M of Chapter 10 unds. I further certify that the second divergence of the second div	
I certify that the Committee or I of the NC General Statutes and report is complete, true and comprise of Section 1997. Printed Name of Section 1997. Date Received;	Fund is in compliance that no funds are contract and that I have beigner	ee with all applicable miningled with prolem trained by the Signature	nibited or other non- NC State Board of E	disclosed f elections.	\$ B & 22D-22M of Chapter 10 unds. I further certify that the second seco	
of the NC General Statutes and report is complete, true and complete, true and complete is complete. Printed Name of S FOR OFFICE USE ONLY Date Received:	Fund is in compliance that no funds are contract and that I have beigner	ee with all applicable movingled with prolem trained by the Signatur Employee;	nibited or other non- NC State Board of E	disclosed f elections.	\$ B & 22D-22M of Chapter Idends. I further certify that the paper of t	

Detailed Summary

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 3. ID Number 2. Type of Report Total this Total this Start of Election Cycle: January 1, Reporting Period **Election Cycle** 150.00 4) Cash on Hand at Start **RECEIPTS** (CRO-1205) \$70 5) Aggregated Contributions from Individuals \$120 \$ 6) Contributions from Individuals (CRO-1210) \$ 7) Contributions from Political Party Committees \$ (CRO-1220) \$ 8) Contributions from Other Political Committees (CRO-1230) 9) Loan Proceeds (CRO-1410) \$862.06 \$1132.94 \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) 11) Other Receipt Sources 982.06 1252.94 11a) Interest on Bank Accounts (CRO-1250) \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income (CRO-1250) (CRO-1270) \$ 11d) Legal Expense Fund - Other Sources \$ 11e) Exempt Purchase Price Sales (CRO-1265) 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) \$1279.94 EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$862.06 \$1032.94 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ (CRO-1315) 14) Aggregated Non-Media Expenditures \$ 15) Loan Repayments (CRO-1420) \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ \$ (CRO-1510) (7) In-Kind Contributions \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 220.00 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$862.06 220.00 \$1032.94 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 22) Debts and Obligations owed by the Committee (CRO-1610) 23) Debts and Obligations owed to the Committee (CRO-1620) 24) Account Transfers Within the Committee (CRO-1720) \$ \$ 25) Administrative Support (CRO-1710) \$ 26) Forgiven Loans (CRO-1440) \$ \$ 27) 48-Hour Notice Reports Sum (CRO-2220) 28) Contributions to be Refunded \$ (CRO-1215)

	ggrega	Amendment Yes No								
				ons From Individuals of						
I.	Committ	ee Full Name (a	nd Fund if applical	ble)	2. 1	D Number				
3.	3. Contributor Information									
20000	mend	Control of the state of the sta	f. Amount							
	Add	1	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)					
F	Remove	- 1	cash		08/02/2019	\$50				
E	Add Remove	1	cash		08/10/2019	\$20				
F	Add Remove	(a)				\$				
	Add		1:			^				
	Remove					\$				
	Add Remove	-				\$				
E	Add Remove		<u>e</u> :			\$				
F	Add Remove	-				\$				
	Add Remove					\$				
	Add		-		n	\$				
H	Remove					Ψ				
	Remove				l a	\$				
F	Add Remove	(7)	n			\$				
	Add Remove					\$				
	Add	х				\$				
	Remove Add					\$				
늗	Remove Add					Ψ				
	Remove		3			\$				
	Add Remove					\$				
	Add Remove	4			*	\$				
	Add					\$				
H	Remove Add					φ				
E	Remove					\$				
	Add Remove		1			\$				
Ē	Add Remove					\$				
H	Add	-				7				
Ę	Remove				l.	\$				
	Remove					\$				
		nly this Page			\$7	0				
	5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100) \$ 70									

	4		1	Amendment	
Disbursements	Pg	of	(0	☐ Yes	☐ No
Here the forms to account amount diturns from the commi	tton for anarotina avenances an	nteibutio	na to or	ndidatalna	litical

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political

committees and coordinated party expenditures 1. Committee Full Name (and Fund if applicable) 2. ID Number							
	1CEK3I						
Committee to Elect Janer	a seed of the second second						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Coperating Expenses							
Operating Expenses Contributions to Candidates/Polit		ted Party Expenditures					
4. Payee Information	Add Remove						
a. Full Name, Mailing Address & Phone	b. Coordinated Committee Name	d. Comments					
(include city, state, & zip)							
Entendrise Gental Can	c. Level Registered (Specify)						
400 AIRPORT Rd	Federal County:						
	State Municipality:	e. Election Sum to Date					
tayetteville, nc 28306							
3		\$					
f. Account Code g. Form of Payment h. Purpose Code i. Date	1 10000	equired Remarks					
create card 0 1/8	3/2019 \$ 5/.15	communitation ch					
creditional O 8/	1/2019 \$ 49,44 e	ommunt watch					
4. Payee Information	Add Remove	J					
a. Full Name, Mailing Address & Phone	b. Coordinated Committee Name	d. Comments					
(include city, state, & zip)							
0 101000 0 10							
entelphise tental	c. Level Registered (Specify)						
	Federal County:						
***	State Municipality:	e. Election Sum to Date					
-		\$					
f. Account Code g. Form of Payment h. Purpose Code i. Date	(mm/dd/yyyy) j. Amount k. F	Required Remarks					
cratitions 0 8	312019 8 42 78 0	conference					
	S120198 2057 GG	inference tunet					
Credit cord 0 8	Danson	ealthcase Surmit					
4. Payee Information	Add Remove	la Commente					
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments					
(include city, state, & zip)	i						
ENTERBUSE BENTAL	c. Level Registered (Specify)						
	Federal County:						
	State Municipality:	e. Election Sum to Date					
		\$					
		35					
Mb a led to	(mm/dd/yyyy) j. Amount k. I	Required Remarks					
cand 8	9/2019 \$ 73.78 0	rep Canbarance					
Cate O	15/2019\$ 36,70 6	ommunita wald					
5. Total only this Page		\$ 291,42					
6. Total of ALL CRO-1310 Pages		~					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if O	perating Expenses)	s 86200					
(This line goes in line 13b of Detailed Summary Page CRO-1100 if C		2 Octo					
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Co							
7. Purpose Codes (List detailed expenditure code in (h							
		other Candidate					
		ing Public Office Expenses					
		tion to Legal Expense Fund					
O* Other	The same of the sa	- • • • • • • • • • • • • • • • • • • •					
* Codes require detailed explanation in required remar	ks field (k)						

-							
1	16	'n	11	MC	IA	no	nts
		,,,	•				

☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and 1)

1. Committee Full Name (and Fund if applicable)	[2. ID	Number						
Committee to Elect Janen	e Ackles	1CEK3I						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures								
4. Payee Information .	Add Remove							
a. Full Name, Mailing Address & Phone	b. Coordinated Committee Name d. Con	nments						
(include city, state, & zip)								
Enterphise Kental	c, Level Registered (Specify)							
400 HIKPORTERO	Federal County: State Municipality: e, Elec	ction Sum to Date						
Fayetteville, nc 28306	\$	chon dum to Date						
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required	d Remarks						
credit card 0 8	16/2019 \$ 41.43 span							
o reditioned 0 8	10 10 10	udate migs						
4. Payee Information	Add Remove							
a. Full Name, Mailing Address & Phone	b. Coordinated Committee Name d. Con	nments						
(include city, state, & zip)								
Enterplace Riental conf	c. Level Registered (Specify)							
U. Isque .	Federal County:	1						
*		ction Sum to Date						
	2382							
	\$	5						
		d Remarks						
credit cord (1) 81:	22/2019 \$ 102° Carve	essing roots						
Creditard 0 8	29/20198 3670 cand	1 40						
4. Payee Information	Add Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name d. Con	nments						
Calaratisa 120 1-00		1						
Enterprese renders	c. Level Registered (Specify)							
V.	Federal County:							
	State Municipality: e. Elec	ction Sum to Date						
	\$							
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Require	d Remarks						
created 8	20009 \$ 724 K DA	shoot/interne						
Credit cord 0 81	31/209\$ 71.07	object filler						
5. Total only this Page	Name and Address of the Owner, which was a second or the Owner, and the Owner, an	22059						
6. Total of ALL CRO-1310 Pages	\$	32959 212 ⁰⁶						
	A. D.	01006						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Ope (This line goes in line 13b of Detailed Summary Page CRO-1100 if Con		860						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coo								
7. Purpose Codes (List detailed expenditure code in (h.)		A TOWN THE EVEN SHARE						
	undraising D - To Another C	andidate						
A DESCRIPTION OF THE PROPERTY		blic Office Expenses						
Control of the Contro		Legal Expense Fund						
O* Other	Zapometo V Domation to	Zegai Zapense Punu						
* Codes require detailed explanation in required remark	s field (k)							
CDO 1210								

Amendment ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and B)

1. Committee Full Name (and Fund if applicable)							2. ID	Number
	Committee	to Elect Ja	anen	e Ackle	S			1CEK3I
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures							Expenditures	
4. Payee Inform			Ц		Remov		Li o	
	niling Address & Pho			b. Coordinate	a Comn	nittee Name	d. Com	ments
UPS 37713	Store # Ramsey 8 teuille, r	\$842 H	1 1	c. Level Regis Federal State	stered (S	County:	ity: e. Elect	ion Sum to Date
	sa or (10) 1	6860	11			*	\$/	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amot	ınt	k. Required	Remarks
	cash	B	81	1/2019	\$ 4	,50	fly	JURS .
	debiticard	B	2	810518	\$ 20	86. C	Ca	rds
4. Payee Inform	ation			Add	Remo	ve		
	ng Address & Phone			b, Coordinate	ed Comr	nittee Name	d, Com	ments
(include city, state	e, & zip)							***************************************
Hot di	garty Di			c, Level Regis Federal State	stered (S	Specify) County: Municipa	lity: e. Elect	ion Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	li. Date (mm/dd/yyyy)	i. Amoi	ınt	k. Required	Remarks
	débrt		8	10 0-10		80,0	meet	and
				11.	\$)	g.
4. Payee Inform	A CONTRACTOR OF THE PARTY OF TH			Add	Remo	ve		
	ng Address & Phone			b. Coordinate	ed Comr	nittee Name	d, Com	ments
(include city, stat	e, & zip)			1.5				
301 G	lear St Leville r			c. Level Regis	stered (S	County:	11.6	**************************************
Fayet	Leville, T	C		☐ Stațe		Municipa	lity: e. Elect	tion Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amor	ınt	k. Required	Remarks
	debit	T	71	25/2010	\$ 1	100		
			1	27/2011	\$	-		
5. Total only thi	is Page				T. Carrie		\$	41.96
	CRO-1310 Pages						*	-11100
(This line goes in (This line goes in	line 13a of Detailed Sum line 13b of Detailed Sum line 13c of Detailed Sum	mary Page CRO-11	100 if Cor	trib to Candide	ates/Poli		\$ 4	41.86 Notab
	odes (List detailed							
A* - Media E - Salaries I - Postage O* Other	B* - Printir F* - Equipr J - Penaltie	ng ment es	C* - F G - Po K* - C	undraising litical Party Office Expen	ıses	H* - He		andidate blic Office Expenses Legal Expense Fund
				(SHAPE SHAPE	RESIDENCE OF SHAPE	PERSONAL PROPERTY.	THE RESIDENCE THE PERSON NAMED IN

Dist	oursem	ents
DIGI	MIDOIL	CILLO

Pg of Amendment No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)							2	2. ID Number
Committee to Elect Janene Ackles								1CEK3I
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
Operating Expe		ributions to Candida	tes/Politic				rdinate	d Party Expenditures
4. Payee Information a. Full Name, Mailing Address & Phone b. Coordinated Committee Name								
a. Full Name, M (include city, state,		one		b. Coordinate	ed Con	nmittee Name		I. Comments
Marphy Express c, Level Registered (Specify) Pederal County: State Municip								*
2212	Calleni	· 81		Federal		County:		
0000	Girespi			State		Municipa	lity: e	e. Election Sum to Date
2								\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Am	ount		quired Remarks
	@ debit		7	26/2019	\$	18191	90	convassing
					\$			0
4. Payee Inform	ation			Add	Rem	ove		
	ng Address & Phone			b. Coordinate	ed Con	nmittee Name	e (l. Comments
(include city, stat	e, & zip)							1
Apple	150015			c, Level Regis	stered	(Specify)	1.00	
Libbic		61		Federal	icica	County:	200	0
522S	Ramsey	57		☐ State	ĺ	Municipa	lity: e	e. Election Sum to Date
faye		1885.						\$
f. Account Code		h. Purpose Code	I. Date (mm/dd/yyyy)	i Am	ount	k. Rec	quired Remarks
a raccount codo	deht		71.	25/2019	1	19,10	000000	ndidate mta
	CHAL			co con	\$	1/10	Cu	The same in the
4. Payee Inform	nation			Add 🔲	Rem	OMO.		
	ng Address & Phone			CONTRACTOR -	\$ 600 pools	nmittee Name	. 10	l. Comments
(include city, stat				or coordinate	u con	inatico riume		of Collancias
A 10 40	Fachi on	~						
Caro	r Creek C	1		c. Level Regis	stered			
Ceda	r Geell	rassing		Federal State	-	County: Municipa	lity: e	e. Election Sum to Date
		O						
			,					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Am		k. Red	quired Remarks
	debit	.0		25/2019	\$	13,89	1	photoshoot
	debit	0			\$	53		
5. Total only th	is Page			AND DECEMBER				\$ 46.90
6. Total of ALL	CRO-1310 Pages							06
	line 13a of Detailed Sum	and the first of the second of	ACCOMPANIES DOSESTED					s Ala
	line 13b of Detailed Sum)	uco
	line 13c of Detailed Sum Odes (List detailed				Expen	iaitures)		
A* - Media	B* - Printir			undraising		D - To	Anoth	ner Candidate
E - Salaries	F* - Equip			litical Party		The state of the s		g Public Office Expenses
I - Postage	J - Penaltie			ffice Expen	ses			on to Legal Expense Fund
O* Other			TOTAL PAGE AND A		orgonizacion		75.30201000	ALL COLD CASE, TOWN AND AND ADDRESS OF THE PARTY OF THE P
* Codes requir	e detailed explanati	on in required 1	remarks	s field (k)				

Disbursements

Pg 5 of Amendment No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number		
Committee to Elect Janene Ackles						1CEK3I		
3. Type of Disb	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
Operating Exp		ributions to Candida	ates/Politic	THE RESERVE AND ADDRESS OF THE PARTY OF THE		☐ Coore	dinated Party Expenditures	
4. Payee Inforn		THE REAL PROPERTY.		Add	Remove			
TELEVERSE ENVIRONMENTAL DE LA COMPANION DE LA	ailing Address & Pho	one		b. Coordinate	ed Commi	ttee Name	d. Comments	
(include city, state,	& zip)		12 17 17 15				1 "	
Koss	Druss & petterille,	rlegs		c. Level Regis		ecify) County:		
Tay	tetter ne,	1C		State		Municipal	* B445 2/12.5 \$16665 # \$1006 150 000 8 8 50 00 00	
	J						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amoun	t	k. Required Remarks	
	debit		8	22/2019	\$ 42	,79	for spreen	
	,				\$			
4. Payee Inform	nation			Add	Remove			
a. Full Name, Mail	ing Address & Phone	Sales Sales Sales		b. Coordinate	ed Commi	ttee Name	d. Comments	
(include city, sta	te, & zip)							
12/00	n			a Lavel Dank	etonod (Co.	16\	- CO-SA	
Ope	10			c. Level Regis	sterea (Sp	County:	10.105	
				State	一	Municipal	ity: e. Election Sum to Date	
	_	76-1-7	2 1				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amoun	t	k. Required Remarks	
	all deat	\mathcal{Q}	7/1	4/2019	\$ 7.	40	committy watch	
	ab debit	0	7/1	6/2019	\$ Le	59	communitavotel	
4. Payee Inform	nation			Add	Remove	Mark 1	0	
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Commi	ttee Name	d. Comments	
(include city, sta	te, & zip)							
Ub	er			c. Level Regis	stered (Sp	County:	THE	
				State	Ц	Municipal	ity: e. Election Sum to Date	
							\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nm/dd/yyyy)	j. Amoun	1	k. Required Remarks	
	don't	0	7//	2/2019	s D	70	board of elec	
	2004		1/1	0/2010	¢ 1/2	76	Approved and	
	acore		1//1	9/2018	\$ 100	.36	Cornmusory wort an	
5. Total only th			1				\$ 810	
A CONTRACTOR OF THE	CRO-1310 Pages						06	
	line 13a of Detailed Sun						\$ 2/2	
	n line 13b of Detailed Sum n line 13c of Detailed Sum						aco	
International Control of the Control	odes (List detailed		And in case of the last	A STATE OF THE OWNER, WHEN THE PARTY OF THE	penunu			
A* - Media	B* - Printin			undraising		D - To 4	Another Candidate	
E - Salaries	F* - Equip			litical Party	se ikilika hisi		Iding Public Office Expenses	
I - Postage	J - Penaltic			ffice Expen	ises		nation to Legal Expense Fund	
O* Other	V-O COLLECTION							
* Codes requir	re detailed explanati	on in required	remarks	field (k)		V 4 7 1		

Disbursements

Pg of Amendment No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)					2. ID Number			
Committee to Elect Janene Ackles						1CEK3I		
3. Type of Disbursement		se separate CI				and the same of th		
							rdinate	ed Party Expenditures
4. Payee Information a. Full Name, Mailing Addre	ace & Dhor	10						
(include city, state, & zip)	288 & F1101	ic .		b. Coordinate	ea Comn	uttee Name		d. Conunents
Uber				c. Level Regis	stered (S	pecify) County: Municipa	lity:	e, Election Sum to Date
								\$
f. Account Code g. Form of Pa	yment h	. Purpose Code	i. Date (mm/dd/yyyy)	j. Amou	nt	k, Re	quired Remarks
depi	t	0	71	9/209	\$ 71	80		to down town
1 Deca	t		7/	2012019	-	98	m	to downtown
4. Payee Information a. Full Name, Mailing Address &	Dhoue			Add	Remov		100	
(include city, state, & zip)	rnone			b. Coordinate	ea Comn	uttec Name	9	d. Comments
Uber				c. Level Regis Federal State	stered (S	pecify) County: Municipa	lity	e, Election Sum to Date
=				State		Municipa	nty.	
f. Account Code g. Form of Pa	and the second s	n				All Armen Armen		\$
f. Account Code g. Form of Pa	Tyment In	. Purpose Code	i. Date (i	mm/dd/yyyy) 8/2/249	j. Amou \$/(nt 9 , 99	k, Re	quired Remarks Mtg d Systell Udg
olebi	t	0	5	3/4/209	\$ 11	. 25		Ma with noch
4. Payee Information				Add	Remov	'e		V V
a. Full Name, Mailing Address &	Phone			b. Coordinate	d Comm	ittee Name		d. Comments
(include city, state, & zip)								
Uper		n s		c, Level Regis Federal State	stered (S	County:	lity:	e. Election Sum to Date
					tons.	umorpu		\$
f. Account Code g. Form of Pa	vmont In	, Purpose Code	I Data /		j. Amou	100000000000000000000000000000000000000	l, D	*
g. Form of Pa	Then I	. Tarpose code	Date ()	mm/dd/yyyy)	s Amou	0.0		quired Remarks
Delo		X	7	1 2010	o a c	120	4	appreciation
5. Total only this Page			X	Thelson	Φ	3,40		THE Councildate
6. Total of ALL CRO-1310	Dages							\$ 70.48
(This line goes in line 13a of De (This line goes in line 13b of De (This line goes in line 13c of De	tailed Summ tailed Summ	ary Page CRO-11	00 if Con	trib to Candida	tes/Polit)	\$ 862.06
7. Purpose Codes (List								
E - Salaries F*	 Printing Equipm Penalties xplanation	ent	G - Pol K* - O	undraising litical Party office Expen-	ses	Н* - Но	oldin	ner Candidate g Public Office Expenses on to Legal Expense Fund

Loan Proceeds		Pg of		Amendment Yes No
Use this form to report proceeds from a loan and loan endor		ion		3.
A loan proceeds statement must accompany each loan that is 1. Committee Full Name (and Fund if applicable)	s from an indi	vidual	2.	ID Number
Committee to Elect Janes	ne Ackle	S		
3. Lender Information] Add []	Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/F	rofession	d. (Comments
Janene Ackles	CSA/se	of employme	ent	
1504 Royal Springs Street	c. Employer's	s Name/Specific Fie		start Date (mm/dd/yyyy)
Fayetteville, NC 28312		non profit svo		
	11470111	ion pront ove	i. E	nd Date (mm/dd/yyyy)
g. Rate h. Security Pledged i, Acco	ount Code	j. Form of Paymen	• 44 400 (000)	k, Amount
%	ioni Sour manage	Credit c		\$862.06
l, Full Name of Lending Institution		Orean C	5 × × 5 5 • • • • • • • • •	* 002.00 Loan Number
	2.00			
4. Endorsers/Makers (The people who guarantee the loan.)				
a, Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/I	Profession	c. Emple	oyer's Name/Specific Field
(include (ny, siate, & zip)	[944] 			
	d. Percentage	2	e. Amou	nt
		%	\$	
a. Full Name, Malling Address & Phone	b. Job Title/I	Profession	c, Emple	oyer's Name/Specific Field
(include city, state, & zip)				
	d. Percentage	P (and a large large)	e. Amou	nt
		%	\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/F	Profession	c. Empl	oyer's Name/Specific Field
(include city, state, & 2tp)	(()			
	d. Percentage	2	e. Amou	nt
		%	\$	
a. Full Name, Mailing Address & Phone (include city, state, & zlp)	b. Job Title/I	Profession	e, Emplo	oyer's Name/Specific Field
unctione city, state, & zip)	33			
·	d. Percentage	е	e. Amou	nt
		%	\$	
5. Total of ALL CRO-1410 Pages			\$	862.06



Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

6	Name of committee to receive loan: Committee to Elect Janene Ackles
•	Person or committee to make loan: Janene Ackles
•	Date of loan to committee: 7/20/2019
•	Name of lending institution and account number (source):
•	Amount of loan: 862.06
•	Description (if in-kind loan):
•	Names of all parties responsible for payment of loan (guarantors):
•	Period of loan:
•	Rate of interest of loan:
•	Security pledged for loan:
pro	(Person lending money to committee) ovided is complete, true, and accurate. I further understand I may not forgive a loan at has an outstanding balance to any source.
Siç	gnature of Lender Date Signed
Sig	gnature of Treasurer of Committee Date Signed